

keep the record of medicine clean, through advocacy of coöperation by state, county, and municipal authorities with representatives of the United States Public Health Service, so that all measures necessary to protect the public health may be properly instituted and carried through. If that is not done, it would seem to be only a matter of time until all California would again be forced to undergo plague experiences such as have already taken place in San Francisco and Los Angeles.

### THE LOS ANGELES COUNTY HOSPITAL

*A Thirteen-Million-Dollar Hospital Building.*—A thirteen-million-dollar public hospital is something to talk about in both medical and lay circles. Such a single unit hospital structure, the largest of its kind in the world, has been erected by the taxpayers of Los Angeles County, and its official name is "The Acute Unit of the Los Angeles County Hospital." In this building several hundred members of the Los Angeles County Medical Association give to the many thousands of citizens who annually pass through its doors, as in- or out-patients, gratuitous service in medicine, surgery, and the specialties. These physicians and their predecessors have been giving such gratuitous service for many, many years. Now and then, patients have returned thanks to these kindly acting doctors; but since the majority of the patients come from the humbler walks of life, they probably think that all the members of the attending staff are being paid for their services. At least, such is the impression that is often gathered from conversations with the patients. It is a regrettable fact, but the attending physicians are not paid for the services so rendered on behalf of the county (a condition, unfortunately, true of other counties in California).

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*The Money Value of the Professional Services.*—It has been estimated that the professional services of the attending staff members, when translated into money values even on a very modest fee table basis, approximate several million dollars yearly. Inasmuch as no money passes in the transaction, it is not of great import whether this be one, two or three millions a year; for it is still quite evident that an annual donation of one million dollars, given by a very small group of men to one of the richest counties in the United States, is nothing less than a massive donation.

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*Why Unappreciation Exists.*—In this connection, one can forgive the lack of appreciation by some of the patients; because, after all, many of them do not possess the knowledge to understand what is being done for them. It is less easy, however, to pass over the well-to-do taxpayers and governing officials of the county, who can give no good reason for any such unappreciation. True it is, that the physicians themselves are in part to blame. It may be said of them that they have been so interested in the work to be done in the wards and clinics that they have given little, and often no thought to a consideration of what the public should know of the value of the professional work rendered in so large an institu-

tion. In this day in which we live, with its quite materialistic standards, such non-recognition of the worth of one's own work is promptly rewarded by equal unconcern on the part of those who should show appreciation; by which is meant, particularly, that large group of taxpayers to whom the annual donation of one or more millions of dollars of professional services is given. This characteristic loyalty of the medical profession to altruistic endeavor and to the profession's long traditions betokens a fine spirit of devoted service; but in our present era such indifference to self-interest and rights can become a real menace to both unselfish endeavor and to cherished beliefs and practices.

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*Annual Reports Should Be Printed by County Hospitals.*—It seems logical, therefore, that the least that could be done by each county hospital of the State would be to annually print a record of the gratuitous professional work so done, with a statement of its money values, and then distribute such reports to the press and to all organizations interested in the public welfare. If such a procedure were the accepted rule, scientific medicine would find itself in possession of more friends than ever before; and a foundation could be laid thereon for a readjustment of this type of professional service, so that in time, perhaps, the taxpayers would feel that they really ought to pay for such service, just as they dispense for the food, medicines, and other material needs which are given to the patients.

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*The Dedication Addresses.*—However, this line of thought is taking us afield from some comments on the massive building recently dedicated as the Acute Unit of the Los Angeles County Hospital. As indicated on page 402 of this issue, the dedication address was by Dr. Percy Magan of Los Angeles. Another speaker of the day was Dr. John Barrow, whose remarks as a representative of the staff are printed on page 406. In the Miscellany Department (on page 475) are given some descriptive text and other data concerning this new building. Members of the profession should scan these articles, because they deal with matters having an intimate relation to medical practice in California.

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*The Record of the Medical Profession Is Clear.*—At this time we do not wish to discuss in any detail the merits or demerits of the imposing structure, some of the various features of which do not appeal to many physicians. There can be no question that much money was ill-advisedly spent. However, as to all this, the record of the attending staff is clear, since numerous and vigorous, though unavailing, protests by the staff representatives were duly made and registered.\*

\*References to other articles on the Los Angeles County Hospital which have been printed in CALIFORNIA AND WESTERN MEDICINE are as follows:

Vol. XXXII, No. 2, February, 1930, page 117—Editorial.  
Vol. XXXII, No. 3, March, 1930, page 193—Editorial.  
Vol. XXXIV, No. 5, May, 1931, page 376—Editorial.  
Vol. XXXIV, No. 6, June, 1931, page 420—Editorial.  
Vol. XXXV, No. 2, August, 1931, page 133—Editorial.  
Vol. XXXVII, No. 1, July, 1932, page 69—Miscellany, News.  
Vol. XL, No. 1, January, 1934, page 58—Editorial.  
Vol. XL, No. 1, January, 1934, page 70—Miscellany, News.

Some of these matters were also discussed in CALIFORNIA AND WESTERN MEDICINE on page 193 of the issue for March, 1930. If blame for defects in structure and arrangement is anywhere to be placed, much of it must justly fall on the shoulders of the Associated Architects, who received the handsome sum of one million dollars, or so, for drawing the plans and supervising the construction of the building. Perhaps on some future occasion it may be desirable to comment on some of the features of this building as now constructed.

What we now deal with is a massive hospital edifice in real existence and seemingly constructed in most permanent form; the permanency factor, unfortunately, being true as to both its good and its bad features. It is earnestly hoped by the medical profession that it may always be utilized as indicated in the addresses of Doctors Magan and Barrow, wherein the ideal of the fullest and finest service to the deserving poor was so clearly emphasized.

### POLIOMYELITIS

*Is California to Experience a Poliomyelitis Outbreak?*—Because it is important that all physicians in California should know that a poliomyelitis outbreak has started in the state, the editor requested Dr. J. D. Dunshee, director of the California Department of Public Health, to send some comments on the present situation. His article, printed on page 410, is worthy of the attention of every member of the California Medical Association.

At the meeting of the California State Board of Health, held on May 19, it was voted to send to every physician a special leaflet concerning the disease. Although the funds at the disposal of the State Board of Health are limited, it was felt that the seriousness of the impending situation warranted the expenditure. This pamphlet is now being printed and will be promptly placed in the mails. Any California Medical Association members desiring special information are invited to write to one of the three State Health Board offices (at Sacramento, San Francisco or Los Angeles), the addresses of which are printed in this issue, on advertising page 6.

## EDITORIAL COMMENT\*

### RATIONAL ENDOCRINE THERAPY

There are certain principles in the study of endocrine medicine, amply supported by clinical and laboratory evidence, which should be accepted as the basis for present-day therapy. Students of the problem, whether clinicians or laboratory investigators, should be able to agree on several broad generalizations. It is with a desire to lessen the chaos in this field that the present discussion

is offered. Chaos will never be replaced by order until we know much more of our subject, so until that time the ever-present evil of commercial propaganda will probably have to be tolerated. The main point is not to allow it to obscure principles.

Deficiencies of thyroid function were early shown to be remedied by administration of desiccated thyroid substance by mouth, a fortunate thing for cases of hypothyroidism; but an unfortunate circumstance for the development of endocrine therapy, for it was loosely assumed by commercial houses and physicians alike that desiccates of various other glands carried the active principles of those glands and, what was perhaps more unfortunate, that such desiccates were active when administered by mouth. Endocrine therapy has not yet recovered from the handicap that this concept imposed. It is true that thyroid substance and the follicular hormone of the ovary in the form of theelol, or in desiccates, are active when administered orally. It is likewise true that certain other hormones are active by mouth when administered in enormous quantities; but at the present time cost is such an important item, and the method so inefficient that, for practical purposes, with the exceptions mentioned this method of therapy (?) might well be abandoned.

It would seem almost unnecessary to refer to the subject of shotgun therapeutics, but where in medical practice today is there such use of this method as in endocrine treatment? Shotgun therapy is in itself an admission of ignorance. Some may attempt to justify it on the basis of glandular interrelationships. It is true that we know of certain interdependencies, but we have not yet been able to measure these factors, and it would seem better judgment to defer acting therapeutically on this premise until more is known. It should be mentioned, however, that many more relationships have been postulated to exist than have ever been demonstrated satisfactorily. If more than one glandular product is to be used at a time, the physician should be the one to determine the proportions involved, and not the commercial house; yet the most casual attention to certain catalogues reveals a veritable wonderland of combinations offered with a view, it would seem, to minimize the thinking which the doctor does. Think of the patient, think of a number and the problem is solved!

It would likewise seem unnecessary to suggest that only products of proved potency be used; and yet far more therapy is attempted with inert products than with potent ones. One reputable company has on the market three anterior pituitary extracts (one is a pregnancy urine extract). Of these three products, two are potent. The third, the oldest of the three, has no appreciable growth-stimulating property, and practically no sex stimulating effect when tested in our hands; and yet it outsells by far the two potent products according to the recent statement of a contact man, and the house appears to be happy to meet the demands rather than retire the product.

Similarly, what justification there is for offering to physicians a pineal desiccate or its use by

\* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.